MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00566

CERTIFICATE OF DEATH

Reg. Dist. No. 141

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 811 East "B" Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Fred.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick; STREET ADDRESS (If rural, give location) 811 East "B" Street.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Rebecca (Last) Arvin

4. DATE OF DEATH: (Month) 1 (Day) 7 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: 3-6-1871

9. AGE last birthday: 81 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Adam Kidwiller

14. MOTHER'S MAIDEN NAME: Sarah Anna Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: L. V. Arvin Brunswick Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Hypertension, Nephritis	? ?
	(c)	

592 X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/18, 19 07, to 1/7, 1952, that I last saw the deceased alive on 1/7, 1952, and that death occurred at 6:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. V. Carpenter M.D. Martinsville-Va 1/9/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial; DATE THEREOF: 1-10-52; NAME OF CEMETERY OR CREMATORY: Park Heights; LOCATION (City, town, or county) (State): Brunswick Maryland

DATE REC'D BY LOCAL REG.: Jan 9-52; REGISTRAR'S SIGNATURE: Kathryn N. Brown; 24. FUNERAL DIRECTOR ADDRESS: C. H. Teets & Bro Brunswick Md.

Dft.

RECEIVED
JAN 14 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00501

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Frederick
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Mt. Airy, Rt. 2~~
STREET ADDRESS (If rural, give location): New Midway

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): WILLIAM-MILTON-BOONE

4. DATE OF DEATH (Month) (Day) (Year): Jan. 1, 1952

5. SEX: Male
6. COLOR OR RACE: W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)
8. DATE OF BIRTH: May 3, 1880
9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Frederick Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marshall Boone
14. MOTHER'S MAIDEN NAME: Clara Flautt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown — no
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT AND ADDRESS: Frederick Co. Welfare Office

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	6 weeks
332x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 28, 1951, to Jan. 1, 1952, that I last saw the deceased alive on Jan. 1, 1952, and that death occurred at 8:15A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Bernard Thomas Jr. M.D.
ADDRESS: Frederick, Md
DATE SIGNED: Jan. 2, 1952.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 1/4/52
NAME OF CEMETERY OR CREMATORY: Brethren Cem.
LOCATION (City, town, or county) (State): Rocky Ridge, Md.

DATE REC'D BY LOCAL REG.: Jan 3/52
REGISTRAR'S SIGNATURE: Elizabeth G. Hack
24. FUNERAL DIRECTOR: Powell & Harkler
ADDRESS: Libertytown & Woodsboro, Md

RECEIVED
JAN 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00502

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural — LENGTH OF STAY (in this place) 4days	~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Rural Dickerson Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital	STREET ADDRESS (If rural, give location) Rural Dickerson, Md.

3. NAME OF DECEASED (Type or Print)	(First) Shirley	(Middle) Mae	(Last) Bowens	4. DATE OF DEATH (Month) Jan 20, (Day) 1952 (Year) 19
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single	8. DATE OF BIRTH Aug. 18, 1936	9. AGE last birthday 15 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY ********	11. BIRTHPLACE (State or foreign country) Frederick, Md.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Charles Bowens		14. MOTHER'S MAIDEN NAME Edna Weedon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Charles Bowens.... Dickerson, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Hemmorrhagic Pancreatitis — 3 days

5870 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-17, 1952, to 1-20, 1952, that I last saw the deceased alive on 1-20, 1952, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Mr U. G. Bourne Jr — ADDRESS Frederick Md — DATE SIGNED 1-22-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial	DATE THEREOF Jan 23, 1952	NAME OF CEMETERY OR CREMATORY Hope Hill	LOCATION (City, town, or county) (State) Hope Hill, Md.
DATE REC'D BY LOCAL REG. 23 January 1952	REGISTRAR'S SIGNATURE Elizabeth G. Hack.	24. FUNERAL DIRECTOR Charles E. Hicks III	ADDRESS Fred. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00503

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH
COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
LENGTH OF STAY (in this place): From 11-30-51 to 1-12-52
HOSPITAL OR INSTITUTION OR STREET ADDRESS: State Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 6006 Montgomery Ave.

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) (Last) Brookhart

4. DATE OF DEATH: (Month) Jan. (Day) 12, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 30, 1908

9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plasterer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George Brookhart

14. MOTHER'S MAIDEN NAME: Mary Lindenberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-05-0971

17. INFORMANT AND ADDRESS: Patient

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Pulmonary Tuberculosis — Interval Between Onset and Death: 20 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b):
(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 30 1951, to Jan. 12, 1952, that I last saw the deceased alive on Jan. 12 1952, and that death occurred at 11:40a.m., from the causes and on the date stated above.

SIGNATURE: H. Lyon M.D. (Degree or title) — ADDRESS: State Sanatorium, Md. — DATE SIGNED: 1-16-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 1-16-52 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 1-12-52 — REGISTRAR'S SIGNATURE: H. Lyon

24. FUNERAL DIRECTOR — ADDRESS: Edward S. MacNabb & Son, Catonsville Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00504

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 120 E. Main st

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Emmitsburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mrs. Grace; (Middle) E; (Last) Burdner

4. DATE OF DEATH: (Month) Jan; (Day) 7; (Year) 1952

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb 8, 1889

9. AGE last birthday: 62 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Favorite

14. MOTHER'S MAIDEN NAME: Mary Houck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Robert M. Burdner Emmitsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	2 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular Disease	5 yrs.
5924	(c) Chronic glomerulonephritis	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1948, to Jan., 1952, that I last saw the deceased alive on Jan. 7, 1952, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James H. Allison M.D. ADDRESS Gettysburg, Pa. DATE SIGNED 1/8/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Jan 10, 1952 | NAME OF CEMETERY OR CREMATORY St. Joseph's | LOCATION (City, town, or county) Emmitsburg (State) Md

DATE REC'D BY LOCAL REG. Jan 9-1952 | REGISTRAR'S SIGNATURE M. F. Shuff | 24. FUNERAL DIRECTOR C. D. Susdorf Son | ADDRESS Taneytown Md

RECEIVED
JAN 21 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

505

Reg. Dist. No. 141

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brunswick — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 111 East "A" St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brunswick
STREET ADDRESS (If rural, give location): 111 East "A" St.

3. NAME OF DECEASED (Type or Print): (First) Eugenia (Middle) Lee (Last) Burke
4. DATE OF DEATH: (Month) Jan (Day) 16 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 5-26-69
9. AGE last birthday: 82 yrs. — If under 1 year: Months 6, Days 20 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John O. Williams
14. MOTHER'S MAIDEN NAME: Octavia J. Mannakee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N/O (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Eugenia W Burke Brunswick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Hypertensive Nephritis — ? ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/24, 1951, to 1/16, 1952 that I last saw the deceased alive on 1/15, 1952 and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE: W B Carpenter (Degree or title) M.D. — ADDRESS: Louisville - Va — DATE SIGNED: 1/17/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 1-19-52 — NAME OF CEMETERY OR CREMATORY: Glenwood — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: Jan. 17-52 — REGISTRAR'S SIGNATURE: Kathryn H. Brown Dep. — 24. FUNERAL DIRECTOR: C H Feeta & Bro — ADDRESS: Brunswick, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06506

Reg. Dist. No. 129

1. PLACE OF DEATH: COUNTY Frederick; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) From; MARYLAND LENGTH OF STAY (in this place) From 1-28-44 to 1-7-52; HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY ---; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 538 Wyanoke Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
George	H.	Burkett	Jan. 7, 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Feb. 22, 1888	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cab Operator		Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Patient

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Pulmonary Tuberculosis	8½ yrs.
002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 28, 1944, to Jan. 7, 1952, that I last saw the deceased alive on Jan. 7, 1952 and that death occurred at 3:15 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. D. Lyon, M.D. ADDRESS State Sanatorium, Maryland DATE SIGNED 1-7-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-9-52	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1-7-52	J. D. Lyon	M. L. Creager & Son. Thurmont, Md

VS. A5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00507

Reg. Dist. No. 145

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) F. (Last) BUSSARD

4. DATE OF DEATH (Month) Jan (Day) 24 (Year) 1952

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 1/28/1874
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm owner
10b. KIND OF BUSINESS OR INDUSTRY farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John M. Bussard
14. MOTHER'S MAIDEN NAME Ellen Hirshman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Miss Jennie Bussard, Myersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr. Myocarditis

1/22 2 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1/51, 19....., to 1/24/52 19....., that I last saw the deceased alive on 1/24/52, 19....., and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE J. E. W. Little (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 1/26/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1/28/1952
NAME OF CEMETERY OR CREMATORY Grossnickle Cemetery
LOCATION (City, town, or county) Frederick Co., (State) Md.

DATE REC'D BY LOCAL REG. 1/26/52
REGISTRAR'S SIGNATURE T. Edgar Bitter
24. FUNERAL DIRECTOR Gladhill Co. ADDRESS Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 145

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville; LENGTH OF STAY (in this place) 75 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville; STREET ADDRESS (If rural, give location) Church Hill

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) May (Last) BUSSARD

4. DATE OF DEATH: (Month) JAN (Day) 12 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Feb 29 1876

9. AGE last birthday: 75 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Fred Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John M. Bussard

14. MOTHER'S MAIDEN NAME: Ella Hauckman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: John L. Bussard, Myersville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 6 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 11, 1952, to Jan 12, 1952, that I last saw the deceased alive on Jan 11, 1952, and that death occurred at 8:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. E. Harp MD ADDRESS Middletown DATE SIGNED 1-14-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 1-14-1952

NAME OF CEMETERY OR CREMATORY Brosnickles

LOCATION (City, town, or county) (State) Mt. Myersville, Fred Co. Md.

DATE REC'D BY LOCAL REG. 1/14/52

REGISTRAR'S SIGNATURE Edgar Rittle

24. FUNERAL DIRECTOR ADDRESS Paul L. Birely, Myersville, Md.

JAN 10 1972
BUREAU OF

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00509

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH — COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural RD#1
LENGTH OF STAY (in this place) 15 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Pearl

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural RD#1
STREET ADDRESS (If rural, give location) Near Pearl

3. NAME OF DECEASED (Type or Print) (First) BESSIE (Middle) IRENE (Last) CRUMMITT
4. DATE OF DEATH (Month) 1 (Day) 17 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 20 Aug 1908
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Howard Bruchey
14. MOTHER'S MAIDEN NAME Minnie Ricketts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Grover C. Crummitt, RD#1, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Rheumatic Heart Disease	10 yr.
401.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic Fever	15 yr
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

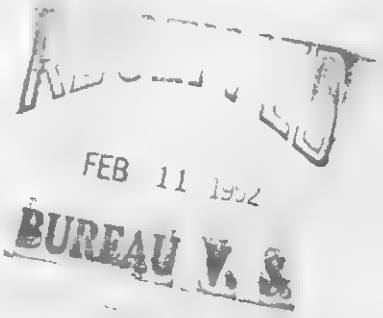
21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1941, to Jany 17, 1952 that I last saw the deceased alive on Jany 14 1952 and that death occurred at 4:30 A m. from the causes and on the date stated above.

SIGNATURE H Fletcher (Degree or title) D. ADDRESS Frederick, Maryland DATE SIGNED 17 Jan 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 19 Jan 1952
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 17 Jan-1952
REGISTRAR'S SIGNATURE Lucian K. Falconer
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS


FEB 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

90510

Reg. Dist. No. 144

1. PLACE OF DEATH: COUNTY Frederick | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont | LENGTH OF STAY (In this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont
STREET ADDRESS (If rural, give location) East Main

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Melvin	Joseph	DELPHEY	JAN.	3	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Single	Dec. 23, 1923	28 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Labourer	Carpenters Helper	Maryland	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ernest H. Delphey	Alice M. Shriner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.	215-14-2347	Ernest H. Delphey Thurmont. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Epileptic Convulsion	Unmed.
733 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Idiopathic Epilepsy	Life (?)
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles H. Corby Jr. M.D.	Dep. Med Exam.	Frederick, Maryland	1/3/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 6, 1952	Brethren Cemetery	Rocky Ridge Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 4 1952	Blanche S. Eyler	M. L. Creager & Son	Thurmont Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Frederick
LENGTH OF STAY (in this place) 11 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Roy (Middle) Routzahn (Last) Dern

4. DATE OF DEATH: (Month) Jan (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: April 9 1884

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: On farm

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr George Dern

14. MOTHER'S MAIDEN NAME: Madeline Routzahn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: 217-28-1400

17. INFORMANT & ADDRESS: Anna L. Dern Thurmont Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)
DUE TO
Antecedent cause(s) (b) Coronary Occlusion — 2 days
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

420.1

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1952 to Jan 4, 1952, that I last saw the deceased alive on Jan 4, 1952, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE E P Thomas (DEGREE OR TITLE) ADDRESS Frederick DATE SIGNED Jan 5-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Jan 8-1952

NAME OF CEMETERY OR CREMATORY Keysville Cem

LOCATION (City, town, or county) Keysville Carroll Co

(State) Md

DATE REC'D BY LOCAL REG. 7 January 1952

REGISTRAR'S SIGNATURE Elizabeth S Holtz.

24. FUNERAL DIRECTOR M. J. Creager Son

ADDRESS Thurmont Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00512

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) MOSS (Last) DODD

4. DATE OF DEATH: (Month) 1 (Day) 26 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 22 May 1859

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farm Tenant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harvey F. Dodd

14. MOTHER'S MAIDEN NAME: Frances Foley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: 24 E. 3rd St., Charles W. Dodd, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) General Arteria-Sclerosis
450.0 DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Jan 26 1952 that I last saw the deceased alive on Jan 20, 1952 and that death occurred at 11:45 P m. from the causes and on the date stated above.

SIGNATURE J E Harp (DEGREE OR TITLE) Mrs ADDRESS Middletown, Md. DATE SIGNED Jan 27 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 29 Jan 1952
NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery
LOCATION (City, town, or county) (State) Monrovia, Maryland

DATE REC'D BY LOCAL REG. 28 January 1952
REGISTRAR'S SIGNATURE Marie Gladhill

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
FEB 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick | LENGTH OF STAY (in this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodsboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JENNIE (Middle) BIDDINGER (Last) GARVER

4. DATE OF DEATH: (Month) Jan. (Day) 12 (Year) 1952

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Mar. 29, 1873 | 9. AGE last birthday: 78 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Eared | 14. MOTHER'S MAIDEN NAME: Mary Jane Eared

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT: Mr. Earl Biddinger, Union Bridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cachexia — 1 month

154x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma rectum & metastasis to liver & pelvis — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 April, 1948, to 12 Jan., 1952, that I last saw the deceased alive on 12 Jan., 1952 and that death occurred at 12.20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James C. Stone Jr. M.D. Walkersville, Md 14 Jan 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Jan. 15, 1952 | NAME OF CEMETERY OR CREMATORY: Chapel | LOCATION (City, town, or county) (State): Mt. Libertytown, Frederick, Md.

DATE REC'D BY LOCAL REG.: 14 January 1952 | REGISTRAR'S SIGNATURE: Elizabeth J. Hoke | 24. FUNERAL DIRECTOR: J. C. Barton, Walkersville, Md. | ADDRESS

VS. A15

0051

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN From to
LENGTH OF STAY (in this place) 10-4-51 1-23-52
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY --
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 25
STREET ADDRESS (If rural, give location) 3322 Hollins Street

3. NAME OF DECEASED (Type or Print) (First) John (Middle) P. (Last) Gleason
4. DATE OF DEATH (Month) Jan. (Day) 23 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 8, 1903
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY Shipyard
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John Gleason
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-03-2231
17. INFORMANT AND ADDRESS Jeannette Gleason, 3322 Hollins St., Balto. 25, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 4, 1951, to Jan. 23 1952, that I last saw the deceased alive on Jan. 23, 1952, and that death occurred at 7:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J B Lyon, M.D. ADDRESS State Sanatorium, Md. DATE SIGNED 1-23-52

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF 1-26-52
NAME OF CEMETERY OR CREMATORY Glen Haven Cem.
LOCATION (City, town, or county) (State) Glen Burnie, Md.

DATE REC'D BY LOCAL REG. 1-23-52
REGISTRAR'S SIGNATURE J B Lyon
24. FUNERAL DIRECTOR M. L. Creager & Son. ADDRESS Thurmont, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00515

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (in this place): 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural, give location): 220 Dill Avenue

3. NAME OF DECEASED (Type or Print): (First) LETTIE (Middle) GERTRUDE (Last) GROVE

4. DATE OF DEATH: (Month) 1 (Day) 22 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 6 Aug 1882

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abner D. Doty

14. MOTHER'S MAIDEN NAME: Emily Jane Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Harry M. Suman, Frederick, Md. 220 Dill Ave.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Terminal Hypostatic Pneumonia

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 12 Days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19 52, to July 22, 1952, that I last saw the deceased alive on July 20 1952, and that death occurred at 3:25 A m., from the causes and on the date stated above.

SIGNATURE: J. H. Fleagle (Degree or title) M. D. ADDRESS: Frederick, Maryland DATE SIGNED: 22 Jan 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 24 Jan 1952

NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery

LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 22 January 1952

REGISTRAR'S SIGNATURE: Elizabeth S. Hack.

24. FUNERAL DIRECTOR: H. R. Utchison and Son — ADDRESS: Frederick, Md.

RECEIVED
JAN 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town): Frederick
LENGTH OF STAY (in this place): 12/6/51 to 1/4/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Rural Woodsboro
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED: (Type or Print) (First) Georgina (Middle) S (Last) Gruber

4. DATE OF DEATH: (Month) Jan (Day) 1 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify): Widow

8. DATE OF BIRTH: 11/3/81

9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Frederick County Md U S A

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nathan Euglar

14. MOTHER'S MAIDEN NAME: Barbara E Hostler.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Miss Myrtle S Smith Woodsboro Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause — (a) Bronchopneumonia — DUE TO — Days

Antecedent cause(s) — (b) Syphilis Meningitis — DUE TO — Month

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (c)

026X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/6, 1951, to 1/1, 1952, that I last saw the deceased alive on 12/31, 1951, and that death occurred at 6:00 A m., from the causes and on the date stated above.

SIGNATURE: James B. Thomas — (DEGREE OR TITLE) M.D. — ADDRESS: frederick, Md. — DATE SIGNED: 1/2/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan 1952 — NAME OF CEMETERY OR CREMATORY: St Chapel — LOCATION (City, town, or county) (State): Mt Liberty Town Md

DATE REC'D BY LOCAL REG.: 2 January 1952 — REGISTRAR'S SIGNATURE: Elizabeth S. Fech.

24. FUNERAL DIRECTOR — ADDRESS: G C Burton Walkersville Md

RECEIVED
JAN 3 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

30517

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (In this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural, give location): 118 N. Market Street

3. NAME OF DECEASED (Type or Print): (First) Thelma (Middle) S. (Last) Harrison

4. DATE OF DEATH: (Month) Jan. (Day) 6 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED,~~ DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 4-20-1902

9. AGE last birthday: 49 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Auditor

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Stephens

14. MOTHER'S MAIDEN NAME: Anna Gittings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-10-4774

17. INFORMANT AND ADDRESS: Mrs. John Barber-Mountaindale-Md.(daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 1 Day

420 1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1952 to Jan. 6, 1952, that I last saw the deceased alive on Jan. 6, 1952 and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE: J. H. Fleagle (Degree or title) ADDRESS: Frederick Md DATE SIGNED

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify): Burial | DATE THEREOF: Jan 9, 1952 | NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery | LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: January 1952 | REGISTRAR'S SIGNATURE: Elizabeth G. Keck. | 24. FUNERAL DIRECTOR ADDRESS: C. E. Cline & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01122

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give name of town) Frederick
LENGTH OF STAY (in this place) 1/16/52 1/19/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Myattstown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) E (Last) Heath

4. DATE OF DEATH: (Month) Jan. (Day) 19 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH: July 4, 1905

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unk.

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W Heath

14. MOTHER'S MAIDEN NAME: Nellie Fourneo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) War #2

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Louise E. Heath 1123 S Oakcrest Rd Arlington Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cirrhosis Liver — INTERVAL BETWEEN ONSET AND DEATH 3 months

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

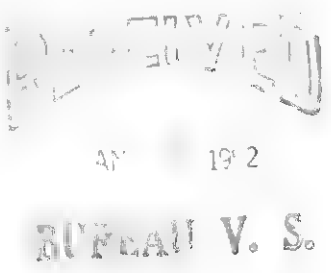
22. I hereby certify that I attended the deceased from Jan. 16, 1952, to Jan. 19, 1952, that I last saw the deceased alive on Jan. 19, 1952, and that death occurred at 8:55 A.M. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Bernard D. Thomas Jr. M.D. Frederick Md. Jan. 19, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 1-23-1952 — NAME OF CEMETERY OR CREMATORY Arlington Natl Cem — LOCATION (City, town, or county) (State) Arlington Va

DATE REC'D BY LOCAL REG. 19 January 1952 — REGISTRAR'S SIGNATURE Elizabeth L Heck

24. FUNERAL DIRECTOR J Wm Lee Sons Co — ADDRESS 300 4th St. N E Washington D C


AN 19 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00518

CERTIFICATE OF DEATH

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: From
LENGTH OF STAY (In this place): 12-17-51 to 1-26-52
HOSPITAL OR INSTITUTION OR STREET ADDRESS: State Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural, give location): 332 East Montgomery Ave.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) R. (Last) Higgins

4. DATE OF DEATH: (Month) Jan. (Day) 26, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: March 24, 1900

9. AGE last birthday: 51 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Higgins

14. MOTHER'S MAIDEN NAME: Lillian Wortham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 577-22-3408

17. INFORMANT AND ADDRESS: Lucille Mullimeaux (Sister-in-law)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Pulmonary Tuberculosis	About 1 yr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Diabetes Mellitus — 10 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 17, 19 51 to Jan. 26 19 52, that I last saw the deceased alive on Jan. 26, 1952, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. W. Lyon, M.D. ADDRESS: State Sanatorium, Maryland DATE SIGNED: 1-26-52

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: 1/30/52
NAME OF CEMETERY OR CREMATORY: Rockville Union
LOCATION (City, town, or county) (State): Rockville, Md.

DATE REC'D BY LOCAL REG.: 1-26-52
REGISTRAR'S SIGNATURE: J. W. Lyon
24. FUNERAL DIRECTOR: Warner Pumphrey ADDRESS: Silver Springs, Md.

VS. A-6

RECEIVED
JAN 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

00519

Reg. Dist. No. 140

MAIGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodsboro; MARYLAND; LENGTH OF STAY (In this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LeGore; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) WILLIAM (Last) HORNER

4. DATE OF DEATH: (Month) JAN (Day) 24 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: May 11, 1885

9. AGE Last birthday: 66 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Lime Plant

11. BIRTHPLACE (State or foreign country): Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Horner

14. MOTHER'S MAIDEN NAME: Sarah Anders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-03-1638

17. INFORMANT: LeRoy Horner, Woodsboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial infarction — Interval Between Onset and Death: 3-4 hrs.

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Charles L Conley Jr. M.D. (Degree or title) ADDRESS Frederick, Md. DATE SIGNED 1/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Jan. 27, 1952; NAME OF CEMETERY OR CREMATORY: Oak Hill; LOCATION (City, town, or county): LeGore; (State): Md.

DATE REC'D BY LOCAL REG.: Jan. 26, 1952; REGISTRAR'S SIGNATURE: L Powell; 24. FUNERAL DIRECTOR: Power & Hartzler; ADDRESS: Woodsboro, Md.

VS. A15A

RECEIVED
JAN 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00520

CERTIFICATE OF DEATH

Reg. Dist. No. 144

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Creagerstown; LENGTH OF STAY (in this place) 58yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Creagerstown; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) William (Last) Hubbard

4. DATE OF DEATH: (Month) Jan. (Day) I. (Year) 1952

5. SEX: Mare

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 16, 1889

9. AGE last birthday: 62 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Ag.

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Frederick Co. MD

12. CITIZEN OF WHAT: U.S.A.

13. FATHER'S NAME: John Hubbard

14. MOTHER'S MAIDEN NAME: Eliza Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 219-12-0175

17. INFORMANT AND ADDRESS: Myrtle I. Hubbard Thurmont, Md. R.F.D

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 8 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Essential Hypertension — 6 Mos.

(c) Chr. nephritis — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Myocardial fibrosis — 2 Mos.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): no m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1—, 1951, to Jan. 1—, 1952, that I last saw the deceased alive on Jan. 1—, 1952, and that death occurred at 7 05 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Samuel T. Gray M.D. Thurmont Md. 1-3-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Jan. 4 1952

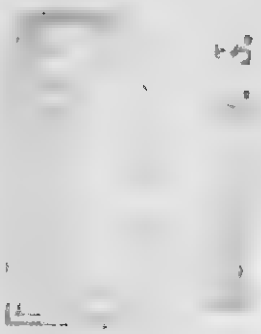
NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery

LOCATION (City, town, or county) (State): Woodsboro Fredk Co. Md

DATE REC'D BY LOCAL REG.: Jan. 4 1952

REGISTRAR'S SIGNATURE: Blanche S. Eyler

24. FUNERAL DIRECTOR ADDRESS: M.L.Creager & Son Thurmont. Md



Item 9 FilmG139 1/25/52 whw

00521

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY: Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 24A W. All Saints St.	STREET ADDRESS (If rural, give location): 24 A W. All Saints St.

3. NAME OF DECEASED (Type or Print)	(First) Gertrude	(Middle) Elizabeth	(Last) Jackson	4. DATE OF DEATH	(Month) Jan 19, (Day) 1952 (Year) 19
5. SEX: Female	6. COLOR OR RACE: Colored	7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widowed	8. DATE OF BIRTH: July 9, 1891	9. AGE last birthday: ~~61~~ 60 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: *******	11. BIRTHPLACE (State or foreign country): ~~Mongomery~~ Montgomery Co.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: William Howard		14. MOTHER'S MAIDEN NAME: Sallie Frye			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Sallie Thompson 153 W. All Saints St.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	1 day
420 1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr Cardio Renal Vascular Disease	14 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1950, to 1-19, 1952, that I last saw the deceased alive on 1-19, 1952, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr U. T. Bourne Jr		Frederick Md	1-21-52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial	DATE THEREOF: Jan 22, 1952	NAME OF CEMETERY OR CREMATORY: Fairview	LOCATION (City, town, or county) (State): Frederick, Md.
DATE REC'D BY LOCAL REG.: 22 January 1952	REGISTRAR'S SIGNATURE: Elizabeth G. Hack.	24. FUNERAL DIRECTOR: Charles E. Hicks III	ADDRESS: Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 23 1952
BUREAU V. S.

00523

~~00522~~

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 145

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct ■ especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Myersville
LENGTH OF STAY (in this place): 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Myersville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Luther Wellington (Last) Johnson

4. DATE OF DEATH: (Month) 1 (Day) 23 (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 11/6/1894

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Cold Storage Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Abraham L. Johnson

14. MOTHER'S MAIDEN NAME: Sarah E. Cline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-18-0737

17. INFORMANT AND ADDRESS: John F. Johnson, Myersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 9 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 1952, to Jan 23, 1952, that I last saw the deceased alive on Jan 21, 1952, and that death occurred at 8:25 A m., from the causes and on the date stated above.

SIGNATURE: E Harp (Degree or title) ADDRESS: Md Middletown DATE SIGNED: 1-24-52

23. BURIAL, CREMATION, REMOVAL (Specify): —

DATE THEREOF: 1/27/1952

NAME OF CEMETERY OR CREMATORY: [illegible] Cemetery

LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG.: Jan 25, 1952

REGISTRAR'S SIGNATURE: D Edgar Bittle

24. FUNERAL DIRECTOR — ADDRESS:

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Frederick
LENGTH OF STAY (in this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montevue - County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Frederick
STREET ADDRESS (If rural, give location): Montevue - County Home

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) (Last) KEITH

4. DATE OF DEATH: (Month) January (Day) 20 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, (Specify) ~~DIVORCED~~ Widowed

8. DATE OF BIRTH: July 29, 1863

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Keith

14. MOTHER'S MAIDEN NAME: Margaret Andrews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Records at Montevue, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic cardio Vascular disease — 3 yrs

445 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16, 1952, to Jan 19, 1952, that I last saw the deceased alive on Jan 16, 1952, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

SIGNATURE: A. Kline M.D. (Degree or title) ADDRESS: Frederick Md DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Jan. 23, 1952 | NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery | LOCATION (City, town, or county) (State): Point of Rocks, Maryland

DATE REC'D BY LOCAL REG.: 21 January 1952 | REGISTRAR'S SIGNATURE: Elizabeth S. Keech. | 24. FUNERAL DIRECTOR ADDRESS: C. E. Cline & Son, Frederick, Maryland

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

~~#524~~ #526

Reg. Dist. No. 132

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown | LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): First Harmon | (Middle) Samuel | (Last) Klein
4. DATE OF DEATH: (Month) 1 (Day) 5 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 4/24/1895
9. AGE last birthday: 56 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer, ret.
10b. KIND OF BUSINESS OR INDUSTRY: R.R.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Andrew Jacob Klein
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Remsberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If yes, give war or dates of service): W.W.I
16. SOCIAL SECURITY NO.: 219-01-9269
17. INFORMANT: Naomi Klein, Middletown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Suddenly

420 | Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 29, 1951, to Jan 5, 1952, that I last saw the deceased alive on Jan 3, 1952, and that death occurred at 7.20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. E. Harp MD. | ADDRESS Middletown | DATE SIGNED 1-5-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 1/8/1952 | NAME OF CEMETERY OR CREMATORY: Reformed Cemetery | LOCATION (City, town, or county) (State): Middletown, Md.

DATE REC'D BY LOCAL REG. Jan 6-52 | REGISTRAR'S SIGNATURE Marie Gladhill

24. FUNERAL DIRECTOR | ADDRESS: Gladhill Co., Middletown, Md.

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1952

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Myersville
LENGTH OF STAY (in this place) 38 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Myersville
STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) C. (Last) Leatherman

4. DATE OF DEATH (Month) Jan (Day) 25 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec. 15-1852
9. AGE last birthday 99 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Gen. Farm
11. BIRTHPLACE (State or foreign country) Petersville, Fred Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Leatherman
14. MOTHER'S MAIDEN NAME Rebecca Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS V. W. Leatherman - Myersville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tuberculosis of Larynx	4 mos.
002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tuberculosis of Lungs	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1951, to Jan 20, 1952, that I last saw the deceased alive on Jan 20, 1952, and that death occurred at 11 am from the causes and on the date stated above.

SIGNATURE H. Klein M.D. (Degree or title) ADDRESS Frederick Md. DATE SIGNED Jan 26 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-28-1952
NAME OF CEMETERY OR CREMATORY Grossnickles
LOCATION (City, town, or county) (State) No. Myersville Fred Co. Md

DATE REC'D BY LOCAL REG. 1-28-52
REGISTRAR'S SIGNATURE Edgar Butt
24. FUNERAL DIRECTOR Paul F. Butt ADDRESS Myersville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S. A15

~~00526~~

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 60534

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) 12/31/51 to 1/1/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 27 Jefferson st

3. NAME OF DECEASED: (Type or Print) (First) Hubert (Middle) (Last) Lookingbill

4. DATE OF DEATH: (Month) Jan (Day) 1 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): married
8. DATE OF BIRTH: June 15/03
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mechanic
10b. KIND OF BUSINESS OR INDUSTRY: American Piston Ring Inc. Employed
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Lookingbill
14. MOTHER'S MAIDEN NAME: Charlotte Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Seaman Dec. 4-1922
16. SOCIAL SECURITY NO.: 229-03-0707
17. INFORMANT & ADDRESS: Mrs. Thelma R Lookingbill 27 Jefferson st Fred Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Embolism	terminal
416 X Antecedent cause(s)	DUE TO (b)	Rheumatic Heart Disease	43 years
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	Bronchopneumonia	3 weeks

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 31, 1951, to Jan 1, 1952, that I last saw the deceased alive on Jan 1, 1952, and that death occurred at 6 45 A.m., from the causes and on the date stated above.

SIGNATURE Thomas E Stone (DEGREE OR TITLE) M D ADDRESS 7 E Church St DATE SIGNED Jan 2, 1952

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial
DATE THEREOF Jan 1952 3
NAME OF CEMETERY OR ~~CREMATORY~~ Mt Olivet
LOCATION (City, town, or county) Frederick (State) Md

DATE REC'D BY LOCAL REG. 2 January 1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR G C Barton ADDRESS Walkersville

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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1952
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ijamsville
LENGTH OF STAY (in this place) 3½ mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riggs Cottage Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
STREET ADDRESS (If rural, give location) E. Potomac Street

3. NAME OF DECEASED (Type or Print) (First) LUTHER (Middle) BEARD (Last) Miller
4. DATE OF DEATH (Month) Jan (Day) 8 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov 9, 1875
9. AGE last birthday 76 yrs. If under 1 year Months 1 Days 29 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Martin L. Beard
14. MOTHER'S MAIDEN NAME Mary Fridt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [redacted]) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS L. Beard Miller (Son) Williamsport, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Failure	Immediate
422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) asphyxia, regurgitated food	5 min (?)
	(c) Myocarditis, chronic	3 yrs (?)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis 3 yrs (?)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20, 1951, to Jan 8, 1952, that I last saw the deceased alive on Jan 6, 1952, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE Rosa N McAdoo (Degree or title) M.D. ADDRESS Ijamsville Md DATE SIGNED Jan 8, 1952

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF Jan. 10, 1952
NAME OF CEMETERY OR CREMATORY Riverview Cem.
LOCATION (City, town, or county) (State) Williamsport, Maryland
DATE REC'D BY LOCAL REG. 8 January 1952
REGISTRAR'S SIGNATURE Lucian K Falconer
24. FUNERAL DIRECTOR Albert L. Leaf; ADDRESS Williamsport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#5
OR ~~TOWN~~
LENGTH OF STAY (In this place) 29 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick
OR ~~TOWN~~
STREET ADDRESS (If rural, give location) 222 Broadway

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) ELWOOD (Last) MOORE
4. DATE OF DEATH: (Month) 1 (Day) 8 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Colored
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: 6 March 1878
9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lt. Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dudley Moore
14. MOTHER'S MAIDEN NAME: Mollie Ann White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Mary Moore, 222 Broadway, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Prostate & Metastasis — Interval Between Onset and Death: 3 yrs

177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-25, 1951, to 1-7, 1952 that I last saw the deceased alive on 1-7, 1952, and that death occurred at 11:50 A m., from the causes and on the date stated above.

SIGNATURE: W. H. Barnes Jr (Degree or title) M. D. ADDRESS: Frederick, Maryland DATE SIGNED: 9 Jan 1952

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify): Burial
DATE THEREOF: 11 Jan 1952
NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 10 January 1952
REGISTRAR'S SIGNATURE: Elizabeth G. Hecke.
24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Maryland ADDRESS

VS. A-5

RECEIVED
JAN 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18~~00524~~

CERTIFICATE OF DEATH

Reg. Dist. No. 131 00531

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) N. (Last) Moss

4. DATE OF DEATH: (Month) JAN. (Day) 7 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 5-3-1889
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ~~retired~~): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Stephen Perry
14. MOTHER'S MAIDEN NAME: Margaret Fogelsong

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (n) Arteriosclerotic Heart Disease
DUE TO
420.0 Antecedent cause(s) (b) Myocardial Insufficiency
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-26, 1951, to 1-7, 1952 that I last saw the deceased alive on 1-6, 1952, and that death occurred at 6:40 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: A. A. Pearre M.D. Frederick Md — DATE SIGNED: 7 Jan 1952

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial
DATE THEREOF: 1-9-1952
NAME OF CEMETERY OR CREMATORY: Pine Grove
LOCATION (City, town, or county): Mt. Airy. (State): Md.

DATE REC'D BY LOCAL REG.: 8 Jan 1952
REGISTRAR'S SIGNATURE: Elizabeth G. Heck
24. FUNERAL DIRECTOR: C. M. Waltz, Winfield Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
N 11 1952
BJREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

~~0550~~ 00532

Reg. Dist. No. 147

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Airy
LENGTH OF STAY (in this place): 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Airy
STREET ADDRESS (If rural, give location): High St.

3. NAME OF DECEASED (Type or Print): (First) LUCY (Middle) GABRIELLA (Last) MULLINIX

4. DATE OF DEATH: (Month) Jan. (Day) 22 (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 4-4-1866

9. AGE Last birthday: 85 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Penn

14. MOTHER'S MAIDEN NAME: Margaret Purdum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Edgar Wilson, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	8 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Advanced aterio-sclerosis	1 yrs.
	(c)	

331.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/14/52, 19....., to 1/22/52, 19....., that I last saw the deceased alive on 1/22/52, 19....., and that death occurred at 3:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stanley Grabill M.D. Mt. Airy, Md. 1/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: 1-25-1952 | NAME OF CEMETERY ~~OR CREMATORY~~: Pine Grove | LOCATION (City, town, or county) (State): Mt. Airy, Md.

DATE RECD BY LOCAL REG.: Jan. 23, 1952 | REGISTRAR'S SIGNATURE: Clarice A. Rinkles

24. FUNERAL DIRECTOR: C. M. Waltz, ADDRESS: Winfield, Md.

RECEIVED
JAN 25 19[illegible]
BUREAU V. S.

00533

~~00531~~

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Adamstown-Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Greenfield

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 409 North Market Street

3. NAME OF DECEASED (Type or Print) (First) RAY (Middle) (Last) MUNSHOUR
4. DATE OF DEATH (Month) 1 (Day) 1 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married
8. DATE OF BIRTH 3 July 1913
9. AGE last birthday 38 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Camp Detrick
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME C. Luther Munshour
14. MOTHER'S MAIDEN NAME Lottie Eichenbrode

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 577-03-6759
17. INFORMANT AND ADDRESS Mrs. Regina C. Munshour, ~~409 N. Market St.,~~ Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Accidental drowning	Immed.
850 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Monocacy River
(CITY OR TOWN) Nr Greenfield (COUNTY) Frederick (STATE) Md.
TIME OF INJURY (Month) 1 (Day) 1 (Year) 52 (Hour) 8:30 Am.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Fell from Canoe while hunting.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Charles H Conley Jr. M.D. (Degree or title) Dep Med Exam. ADDRESS Frederick, Md. DATE SIGNED 1/1/52.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 4 Jan 1952
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) Frederick, Maryland (State)

DATE REC'D BY LOCAL REG 2 January 1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick — LENGTH OF STAY (in this place): years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 103 W 3rd St

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 103 W 3rd St

3. NAME OF DECEASED (Type or Print): (First) ADDIE (Middle) B (Last) MYERS
4. DATE OF DEATH: (Month) Jan (Day) 4 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: white
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: 1/24/1869
9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Ephiriam Eaves
14. MOTHER'S MAIDEN NAME: Mary Jane Filler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Stephen D Myers 103 W 3rd St Frederick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.2 Immediate cause	(a) Chronic Myocarditis	5 yrs +
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture left femur	1 month
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1951, to Jan 4, 1952, that I last saw the deceased alive on Jan 3, 1952, and that death occurred at 8 A.m., from the causes and on the date stated above.

SIGNATURE: B. Thomas (Degree or title) M.D. — ADDRESS: Frederick Md — DATE SIGNED: 1/4/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE THEREOF: Jan 6 1952 — NAME OF CEMETERY OR CREMATORY: Union Chapel — LOCATION (City, town, or county) (State): Near Libertytown Md

DATE REC'D BY LOCAL REG.: Jany 5/52 — REGISTRAR'S SIGNATURE: Elizabeth G. Heck — 24. FUNERAL DIRECTOR: D. D. Hartzler & Sons — ADDRESS: New Windsor, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AN 8 1952

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural RD#5
STREET ADDRESS (If rural, give location) 1613 Shookstown Road

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) EDGAR (Last) PARTRIDGE
4. DATE OF DEATH (Month) 1 (Day) 3 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify) Widowed
8. DATE OF BIRTH 17 April 1876
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Sales Representative
10b. KIND OF BUSINESS OR INDUSTRY Brush Company
11. BIRTHPLACE (State or foreign country) Mass.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George H. Partridge
14. MOTHER'S MAIDEN NAME Augusta Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 090-09-9849
17. INFORMANT AND ADDRESS Melvin H. Partridge, RD#5, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 days

4201 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1952, to Jan. 3, 1952, that I last saw the deceased alive on Jan. 3, 1952, and that death occurred at 7:10 A m., from the causes and on the date stated above.

SIGNATURE Bernard O. Thomas Jr. (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 3 Jan 1952

23. ~~BURIAL~~, ~~CREMATION~~ REMOVAL (Specify) Removal
DATE THEREOF 5 Jan 1952
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Fitchburg, Mass.

DATE REC'D BY LOCAL REG. 3 January 1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

C0536

~~C0584~~

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) From 9-12-51 to 1-21-52
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 101 S. Potomac Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	R.	Pearce	Jan.	21,	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Separated	Feb. 24, 1876	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pharmacist		Penna.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James A. Pearce	Margaret Cunningham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	Unknown	Patient

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Pulmonary Tuberculosis	8 mos.
CC2X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 12 19 51 to Jan. 21 19 52, that I last saw the deceased alive on Jan. 21, 19 52 and that death occurred at 11:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. B. Kyle M. D.	State Sanatorium, Md.	1-21-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-24-52	Rose Hill Cem	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-21-52	J. B. Kyle	C. M. Lutz & Son	Hagerstown

VS-A17

RECEIVED
JAN 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00537

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 1½ dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Brunswick
STREET ADDRESS (If rural, give location) 202 - 9th Avenue

3. NAME OF DECEASED: (Type or Print) (First) Russell (Middle) (Last) Pearrell

4. DATE OF DEATH: (Month) Jan (Day) 8 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify): S
8. DATE OF BIRTH: 6 Jan 52
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours 14 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James R. Pearell, Jr.
14. MOTHER'S MAIDEN NAME: Ethel M. Demory

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: James R. Pearall, Jr. 202 Ninth Ave. Brunswick, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Intra-cranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1½ dy

760.0

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Jan, 1952, to 8 Jan, 1952, that I last saw the deceased alive on 7 Jan, 1952, and that death occurred at 12:15 A.m., from the causes and on the date stated above.

SIGNATURE R. L. Guest, MD (DEGREE OR TITLE) ADDRESS 7 E. Church St. Frederick, Md. DATE SIGNED 8 Jan 52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial
DATE THEREOF 9 Jan, 1952
NAME OF CEMETERY OR CREMATORY Park Heights Cem
LOCATION (City, town, or county) (State) Brunswick, Md

DATE REC'D BY LOCAL REG. 8 January 1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR C H Fraite & Bros ADDRESS Brunswick Md

20121V1405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

Item 9 Film G139 2/15/52 whw

00538

~~00536~~

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural
LENGTH OF STAY (in this place) 3 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Knoxville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Theodore (Middle) Wallace (Last) Reynolds
4. DATE OF DEATH (Month) 1 (Day) 27 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12-19-1878
9. AGE last birthday ~~74~~ 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY Carry coal Pick and shovel.
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME T. W. Reynolds
14. MOTHER'S MAIDEN NAME Mollie Reynolds
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Lester Lee Reynolds Brunswick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Diabetes coma

26 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Previous Diabetes

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/23, 1952, to 1/27, 1952, that I last saw the deceased alive on 1/27, 1952, and that death occurred at 3:00 A m., from the causes and on the date stated above.

SIGNATURE William W. Orrison (Degree or title) ADDRESS Brunswick Md DATE SIGNED 1/27/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-29-1952
NAME OF CEMETERY OR CREMATORY Samples Manor
LOCATION (City, town, or county) (State) Dargan Wash Co. Md.

DATE REC'D BY LOCAL REG. 29 January 1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR C. H. Fiele & Bro ADDRESS Brunswick Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18~~57~~

CERTIFICATE OF DEATH

Reg. Dist. No. 13 — 00539

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick. | LENGTH OF STAY (In this place) 6 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospi.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Monty.
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beallsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) PHILLIP (Middle) HENRY (Last) RUTTER

4. DATE OF DEATH: (Month) JANUARY (Day) 4 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify): SINGLE

8. DATE OF BIRTH: DEC 29 - 1951

9. AGE last birthday: ____ yrs. IF UNDER 1 YEAR: Months — Days 6 | IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Charles Rutter

14. MOTHER'S MAIDEN NAME: Nellie Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Chas Rutter - Beallsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Intracranial injury - due

760.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) birth pressure - (Dry labor)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 6 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/25, 1951, to 1/4, 1952, that I last saw the deceased alive on 1/3, 1952, and that death occurred at 6:45 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Byron D. White, MD Frederick, Md. 1/4/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Buried — DATE THEREOF 1/6/52 — NAME OF CEMETERY OR CREMATORY Monocacy — LOCATION (City, town, or county) (State) Beallsville, Md.

DATE REC'D BY LOCAL REG. 4 January 1952 — REGISTRAR'S SIGNATURE Elizabeth T. Heck.

24. FUNERAL DIRECTOR ADDRESS — William B. Hilleary, Barnesville, MD

2nd 3rd 4th 5th

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
JAN 8 1952
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Myersville — LENGTH OF STAY (in this place): 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Myersville
STREET ADDRESS (If rural, give location): Mt. Wolfsville

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Edmund Kaylor Schroyer
4. DATE OF DEATH (Month) (Day) (Year): JAN 14 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec 28, 1876
9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Surveyor
10b. KIND OF BUSINESS OR INDUSTRY: Gen. Surveying
11. BIRTHPLACE (State or foreign country): Fred Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lawson Schroyer
14. MOTHER'S MAIDEN NAME: Willamina Witmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Floyd F. Gaver Myersville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
	Immediate cause	(a) Carcinoma of Liver.	4Mo. 11da
156.1	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Anaemia	" "
		(c) Jaundice	1 Mo.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-3-51, 19....., to 1-14-52, 19....., that I last saw the deceased alive on 1-12-52, 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: Herbert Madey — (Degree or title): M.D. — ADDRESS: Boonsboro, Md. — DATE SIGNED: 1-14-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Jan 16, 1952 — NAME OF CEMETERY OR CREMATORY: Lutheran — LOCATION (City, town, or county): Wolfsville Fred — (State): Md

DATE REC'D BY LOCAL REG.: 1-15-52 — REGISTRAR'S SIGNATURE: D Edgar Bittle — 24. FUNERAL DIRECTOR: Paul F. Bittle — ADDRESS: Myersville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JAN 1 19
BUREAU V. S.

00542

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

~~#1534~~

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH
COUNTY: Frederick — STATE: MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Rural - Frederick
LENGTH OF STAY (In this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Rural - Frederick
STREET ADDRESS (If rural, give location): Montevue - County Home

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	NELLIE	R.	SHAFFER		January	25	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Aug. 11, 1864	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Seaman	Margaret Shook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs. Henry Abbott, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Sub Arachnoid Hemorrhage	1½ hrs.
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic cardio-vascular disease	
	(c) hypertension.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16, 1952 to Jan 25, 1952 that I last saw the deceased alive on Jan 16, 1952 and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE: H H Kline M.D. (Degree or title) ADDRESS: Frederick Md DATE SIGNED: Jan 26 '52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 28, 1952	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
26 January 1952	Elizabeth S. Keefer	C. E. Cline & Son, Frederick, Maryland

RECEIVED
JAN 28 1952
BUREAU V. S.

~~00540~~ 00543

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 1 Year
HOSPITAL OR INSTITUTION OR STREET ADDRESS I. O. O. F. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) FLORENCE (Middle) D. (Last) SHEPPARD
4. DATE OF DEATH (Month) 1 (Day) 27 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) Widowed
8. DATE OF BIRTH 17 June 1870
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James Trader
14. MOTHER'S MAIDEN NAME Rachel Powell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS I. O. O. F. Home, RD#1, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 8 days

440X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-19, 1952 to 1-27, 1952 that I last saw the deceased alive on 1-26, 1952 and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE Wm M. Smith (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 28 Jan 1952

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 30 Jan 1952
NAME OF CEMETERY OR CREMATORY Buckingham Cemetery
LOCATION (City, town, or county) Berlin, Maryland (State)

DATE REC'D BY LOCAL REG. 28 January 1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 1952
BUREAU V. S.

06544

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

~~11511~~

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt. 2 Thurmont | LENGTH OF STAY (in this place) 3 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Thurmont Md. RFD #2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt. 2, Thurmont
STREET ADDRESS (If rural, give location) Thurmont Md. RFD #2

3. NAME OF DECEASED (Type or Print): (First) Maude Viola (Middle) (Last) Shipley
4. DATE OF DEATH: (Month) Jan. (Day) 11 (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: 6-24-1886
9. AGE last birthday: 65 yrs. | If under 1 year: Months 6 | Days 17 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Househ[illegible]
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lemuell Mellott
14. MOTHER'S MAIDEN NAME: Sarah Litton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs. Melvin Messner, Rt.2, Thurmont, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 3 mo

1142 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio vascular disease - Hemiplegia

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 3, 1951, to Jan 11, 1952, that I last saw the deceased alive on Jan 10, 1952, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W.K. Cadle MD Emmitsburg Md 1-12-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 1-13-52 | NAME OF CEMETERY OR CREMATORY Bakersville Cemetery | LOCATION (City, town, or county) (State) Bakersville, Md.

DATE REC'D BY LOCAL REG. Jan. 12, 1952 | REGISTRAR'S SIGNATURE Blanche L. Eyler | 24. FUNERAL DIRECTOR ADDRESS Albert Leaf, Williamsport, Md.

00545

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Frederick — MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville | LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	JEROME	SMITH	Jan.	17	1952

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	Nov. 19, 1888	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Tenant	Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert E. L. Smith	Amelia Hardiesbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	215-20-9363	Mrs. Ida E. Smith, Walkersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis, acute	4 days
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	15 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 17 Jan., 1952, to 17 Jan., 1952, that I last saw the deceased alive on 16 Jan., 1952, and that death occurred at 10:05 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James L. Stone Jr.	M.D.	Walkersville Md.	18 Jan 1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county)	(State)
Burial	Jan. 19 1952	Rocky Hill	Mt. Woodsboro	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
18 January 1952	Elizabeth S. Heck	J. C. Barton, Walkersville,	Md.

VS. A15

RECEIVED
JAN 1952
BUREAU V. S.

00546

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; MARYLAND; LENGTH OF STAY (in this place) 2 Hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS 21 East Sixth Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adamstown; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	ROY	SMITH	1	19	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	23 May 1921	30 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Building	Maryland	USA

13. FATHER'S NAME: Gordon S. Smith

14. MOTHER'S MAIDEN NAME: Jemima Rippeon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes II

16. SOCIAL SECURITY NO.: 215-16-0543

17. INFORMANT AND ADDRESS: Gordon S. Smith, 21 E. 6th St., Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Gunshot wound of head	Instant.
276 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 21 E. 6th St. (CITY OR TOWN) Frederick (COUNTY) Frederick (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY 1/19/52 7:40 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Self-inflicted gunshot wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Charles H. Conley Jr. M.D. Coron.	Frederick, Md.	1/19/52.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	22 Jan 1952	Brethren Cemetery	Rocky Ridge, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
21 January 1952	Elizabeth G. Heck.	M. R. Etchison & Son, Frederick,	Maryland

RECEIVED
JAN 22 1952
BUREAU V. S.

547

MARYLAND STATE DEPARTMENT OF HEALTH

~~00544~~

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Doubs
LENGTH OF STAY (In this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Doubs
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	HENRY	RAY	SMITH		1	25	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male ~~Male~~	White	Married	10 Dec 1885	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miller	Owner of Grain Mill	West Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac N. Smith	Mary Emily C. Burch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs. H. Ray Smith, Doubs, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Pulmonary Edema	4-5 hrs.
420 0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerotic Heart Disease	9 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute gastro-enteritis — 6 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March, 1947, to 1/25, 1952, that I last saw the deceased alive on 23 Jan, 1951 and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Charles H Colley M. D.	Frederick, Maryland	25 Jan 1952

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	27 Jan 1952	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
25 January 1952	Elizabeth S. Heck	H. R. Etchison & Son,	Frederick, Maryland

VS. A-5

RECEIVED
JAN 28 1952
BUREAU V. S.

MARGIN RECEIVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

~~1454~~ 548

Reg. Dist. No. 137

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Good Intent | LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Fred. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Good Intent Rural Route Ladiesburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
TEDDY	EUGENE	SMITH	Jan.	26	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	—	April 9 1946	5 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Marylande
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clarence E. Smith
14. MOTHER'S MAIDEN NAME: Edna Mae Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Clarence E. Smith, Keymar, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Peritonitis,

5521 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) may be due to a ruptured appendicitis,

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 26, 1952, to Jan 26, 1952, that I last saw the deceased alive on Jan 26, 1952, and that death occurred at 8 P.M. from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

J H Legg M D Union Bridge Carroll Md

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 29/1952	Beaver Dam	Nr. Union Bridge, Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Jas W Mc Cullough — J. C. Barton, Walkersville, Md.

RECEIVED
FEB 11 1952
BUREAU V. S.

00549

MARYLAND STATE DEPARTMENT OF HEALTH ~~#00541~~

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 1402

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physician: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Midway — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILBERT	FRANCIS	SMITH	JAN	3	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
male	white	M	7/15/1910	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer Odd Jobs	Farm Shop	Frederick Co. Md.	US

13. FATHER'S NAME: Isaac S. Smith
14. MOTHER'S MAIDEN NAME: Sarah Hovel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war, or dates of service: No
16. SOCIAL SECURITY NO.: 217-12-5301
17. INFORMANT AND ADDRESS: Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushed Chest + fractured liver — ½ hour

8240 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Md State Highway #71	(CITY OR TOWN)	(COUNTY)	(STATE)
		Nr New Midway	Frederick	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
1/3/52 4:15 P m.		Deceased fell from moving Truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or Title)	ADDRESS	DATE SIGNED
Charles H Corby Jr	M.D. Dep. Med. Exam.	Frederick Md.	1/3/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Interment	1/6/52	St Johns Lutheran	Creagerstown Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 6 52	L E Kouts	Ernest E Hoffman	Thurmont Route 1 Md

VS. A15A

90550

~~90547~~

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Several Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 65 South Market Street

3. NAME OF DECEASED (Type or Print) (First) SHIRLEY (Middle) LOUISE (Last) STINE
4. DATE OF DEATH (Month) 1 (Day) 12 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify) Single
8. DATE OF BIRTH 8 Nov 1946
9. AGE last birthday 5 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Roy C. Stine
14. MOTHER'S MAIDEN NAME Helen M. Griffith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Helen Stine, 65 S. Market St., Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Meningo-Coccemia	12 Hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Jan, 1952, to 12 Jan, 1952, that I last saw the deceased alive on 12 Jan, 1952, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE R. L. Guest (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 12 Jan 1952

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 15 Jan 1952
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) (State) Middletown, Maryland
DATE REC'D BY LOCAL REG. 14 January 1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 137

00551

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Libertytown
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Libertytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Dr Otis (Middle) B (Last) Stone
4. DATE OF DEATH: (Month) Jan (Day) 5 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9-24-1870
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): M.D.
10b. KIND OF BUSINESS OR INDUSTRY: Gen. Practitioner
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William J. Stone
14. MOTHER'S MAIDEN NAME: Annie Fry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. O.B.Stone-Libertytown-Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic Heart Disease	1 yr.
4233 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Myocardial Insufficiency	3 mo.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) No M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to Jan 5, 1952, that I last saw the deceased alive on Jan 5, 1952 and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE)—ADDRESS A. A. Pearre, M.D. Frederick, Md. DATE SIGNED 1/6/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 1-8-1952
NAME OF CEMETERY OR CREMATORY Fairmount Cemetery
LOCATION (City, town, or county) (State) Libertytown- Maryland

DATE REC'D BY LOCAL REG. Jan 7 1952
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ADDRESS C.E.Cline and Son- Frederick-Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
FEB 11 1952
BUREAU V. S.

00552

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

~~0154~~

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont; LENGTH OF STAY (In this place) 40 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont; STREET ADDRESS (If rural, give location) East Main

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Philip	Style	Jan.	11	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Nov. 27, 1875	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Maintainer of Bridges	St. Rd	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Philip Style	Mary Rose Becker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	215-12-9132	Mrs Minnie Style. Thurmont. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	6 mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 6, 1952, to Jan 11, 1952, that I last saw the deceased alive on Jan 11, 1952, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James K. Gray	M.D.	Thurmont Md.	1-14-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 14, 1952	United Brethren	Thurmont,	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 14 1952	Blanche S. Eyler	M. L. Creager & Son	Thurmont, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville — LENGTH OF STAY (in this place) 75 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Myersville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) R. D. #1

3. NAME OF DECEASED (Type or Print) (First) Claude (Middle) E. (Last) Toms			4. DATE OF DEATH (Month) JAN (Day) 4 (Year) 1952		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Mar 15, 1876	9. AGE last birthday 75 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Fred. Co. Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Henry Toms		14. MOTHER'S MAIDEN NAME Malinda Sensenbaugh			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Mrs C. E. Toms, Myersville Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Suddenly

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 4, 1951, to Jan 4, 1952, that I last saw the deceased alive on Dec 17, 1951, and that death occurred at 9.25A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J E Harp Md — ADDRESS Middletown — DATE SIGNED 1-4-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Jan 7, 1952	NAME OF CEMETERY OR CREMATORY United Brethren	LOCATION (City, town, or county) (State) Myersville, Fred Md
DATE REC'D BY LOCAL REG. Jan. 7, 1952	REGISTRAR'S SIGNATURE D Edgar Bittle	24. FUNERAL DIRECTOR Paul F. Bittle, Myersville Md.	ADDRESS

00556

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural Rocky Ridge
LENGTH OF STAY (in this place): 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rocky Ridge rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) NATHAN (Middle) LUTHER (Last) VALENTINE
4. DATE OF DEATH: (Month) Jan (Day) 18 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 3, 1877
9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Elias Valentine
14. MOTHER'S MAIDEN NAME: Mariah Hetzell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 220-16-0411
17. INFORMANT AND ADDRESS: Mrs Nathan Valentine Rocky Ridge Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of prostate gland — INTERVAL BETWEEN ONSET AND DEATH: 2½ yrs.

177 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1949, to Jan. 16, 1952 that I last saw the deceased alive on Jan. 16, 1952 and that death occurred at 2:50 A.m., from the causes and on the date stated above.

SIGNATURE: James K Gray (Degree or title) M.D. ADDRESS: Thurmont Md. DATE SIGNED: 1-19-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Jan. 20, 1952
NAME OF CEMETERY OR CREMATORY: Mount Tabor Cemetery
LOCATION (City, town, or county): Rocky Ridge (State): Md.

DATE REC'D BY LOCAL REG.: Jan 19 = 1952
REGISTRAR'S SIGNATURE: M. T. Shuff
24. FUNERAL DIRECTOR: M. L. Creager & Son — ADDRESS: Thurmont Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JAN 23 1952
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ijamsville
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riggs Cottage Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick, Md
STREET ADDRESS (If rural, give location) 310 N. College Parkway

3. NAME OF DECEASED (Type or Print) (First) Lucy (Middle) ESTELLE (Last) Wachter

4. DATE OF DEATH (Month) Jan (Day) 24 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov 3 1883
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Rudolph Niedhardt
14. MOTHER'S MAIDEN NAME Caroline Bringle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS 3 E. 14th St., Mrs. Charles L. Unglesbee, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Oesophageal Obstruction	3 no
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastatic Carcinoma, Generalized	
	(c) Carcinoma Uterus	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Toxic Psychosis

19a. DATE OF OPERATION 1948
19b. MAJOR FINDINGS OF OPERATION Carcinoma Uterus
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 9, 1952, to Jan 24, 1952, that I last saw the deceased alive on Jan 24, 1952, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

SIGNATURE Thomas W. McAdoo (Degree or title) M.D. ADDRESS Riggs Cottage San, Ijamsville DATE SIGNED 1/24/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 28 Jan 1952
NAME OF CEMETERY OR CREMATORY St. Johns Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 25 January 1952
REGISTRAR'S SIGNATURE Lucian K. Falconer
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 10 1952
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sabillasville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sabillasville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HOWARD (Middle) RUSSELL (Last) WAGAMAN.

4. DATE OF DEATH (Month) Jan. (Day) 25, (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Dec. 29, 1889
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David A. Wagaman
14. MOTHER'S MAIDEN NAME Susan C. Harbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS Mrs Ruth Harbaugh Sabillasville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart failure	6 Hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Infarction (3)	8 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 OCT, 1951, to 25 JAN, 1952, that I last saw the deceased alive on 25 JAN, 1952, and that death occurred at 10 30 A.m., from the causes and on the date stated above.

SIGNATURE H Young & Jr (Degree or title) M.D. ADDRESS Blue Ridge Summit Pa DATE SIGNED 1-26-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 27, 1952
NAME OF CEMETERY OR CREMATORY Blue Ridge Cemetery
LOCATION (City, town, or county) Thurmont (State) Md

DATE REC'D BY LOCAL REG. 1/26/52
REGISTRAR'S SIGNATURE J H Lyon
24. FUNERAL DIRECTOR M. L. Creager & Son, Thurmont, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1319

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Frederick

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Frederick

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Knoxville

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Susan (Middle) E. Elizabeth (Last) WEBBER

4. DATE OF DEATH: (Month) Jan (Day) 17 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7/20/51

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 6 Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Morgan R. Webber

14. MOTHER'S MAIDEN NAME: Wilhelmina Hawes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pneumonia, Entire left lung

493X

Antecedent cause(s) DUE TO (b) Respiratory failure

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/16, 1952, to 1/17, 1952, that I last saw the deceased alive on 1/17, 1952, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE William W. Orrison (DEGREE OR TITLE) M.D. ADDRESS Brunswick, Md. DATE SIGNED 1/17/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Jan 18, 1952

NAME OF CEMETERY OR CREMATORY Knoxville Cem

LOCATION (City, town, or county) Knoxville Md (State)

DATE REC'D BY LOCAL REG. 17 January 1952

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR C H Freete & Bros ADDRESS Brunswick, Md.

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RECEIVED
MAY 1952
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 147

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Mt.Airy | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodville
STREET ADDRESS (If rural, give location) Rural--Mt. Airy

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) EVAN (Last) WILSON
4. DATE OF DEATH: (Month) JAN (Day) 4 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
male	white	single	4-9-1894	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm laborer	farming	Maryland	U.S.

13. FATHER'S NAME: Jesse R. Wilson
14. MOTHER'S MAIDEN NAME: Catherine M. Duvall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	D. D. Wilson, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Evisceration of Skull by gun shot — Interval between onset and death: Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home	(CITY OR TOWN) Woodville	(COUNTY) Frederick	(STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
1/4/52 5:00 A m.		Suicide - Shotgun blast

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Charles H Conley Jr M.D. Dr. Med. Exam.	Frederick, Maryland	1/4/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	1-7-1952	Prospect	Frederick Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 5, 1952	Clarice A. Runkles	C. M. Waltz,	Winfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodsboro
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodsboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARSHALL (Middle) P. (Last) WINEBRENNER
4. DATE OF DEATH (Month) Jan. (Day) 27 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Jan. 2, 1873
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY Self-employed
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Lewis Winebrenner
14. MOTHER'S MAIDEN NAME Susan Stambaugh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 220-18-0167
17. INFORMANT Mrs. Elsie D. Winebrenner, Woodsboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic myocarditis	?
4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 26, 1952, to Jan. 27, 1952, that I last saw the deceased alive on Jan. 26, 1952, and that death occurred at 5.45 P.m., from the causes and on the date stated above.

SIGNATURE M. Franklin Bixby (Degree or title) MD ADDRESS Thurmont Md. DATE SIGNED Jan. 29, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 30, 1952
NAME OF CEMETERY ~~OR CREMATORY~~ Mt. Hope
LOCATION (City, town, or county) Woodsboro, Fred. Co. (State) Md.

DATE REC'D BY LOCAL REG. Jan. 29, 52
REGISTRAR'S SIGNATURE L. L. Powell
24. FUNERAL DIRECTOR G. C. Barton, Walkersville, ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 4 1952
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 25 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 300 East Fourth Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 414 East Street

3. NAME OF DECEASED (Type or Print) (First) DAISY (Middle) VIRGINIA (Last) TYERYAR WINPIGLER
4. DATE OF DEATH (Month) 1 (Day) 12 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) Married
8. DATE OF BIRTH 28 March 1881
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Rudolph Tyeryar
14. MOTHER'S MAIDEN NAME Alice Virginia Phelps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS 300 E. 4th St., C. Edward Winpigler, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio Sclerotic Heart Disease

260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1946 to Jany 12, 1952, that I last saw the deceased alive on Jany 12 1952 and that death occurred at 11 A m. from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 14 Jan 1952

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 15 Jan 1952
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 14 January 1952
REGISTRAR'S SIGNATURE Elizabeth G. Hecker
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 5 1952

~~00558~~ 00564

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 145

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Smithsburg
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Smithsburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) ANDREW (Middle) THOMAS (Last) WINTERS

4. DATE OF DEATH (Month) 1 (Day) 23 (Year) 1952

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH 10-27-1903 | 9. AGE last birthday 48 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) installed telephones | 10b. KIND OF BUSINESS OR INDUSTRY Telephone Co. | 11. BIRTHPLACE (State or foreign country) Illinois | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME unknown | 14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) | 16. SOCIAL SECURITY No. 327-01-5002 | 17. INFORMANT Mrs. Martha Winters Smithsburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: none

331X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. myo cardial & valvular heart disease

19a. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION none | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1946, to Jan 23, 1952, that I last saw the deceased alive on Jan 23, 1952, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Walter L Wolfinger M D | Waynesboro Penn'a | 1-24-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 1/25/1952 | NAME OF CEMETERY OR CREMATORY Lutheran Cemetery | LOCATION (City, town, or county) Wolfsville (State) Md.

DATE REC'D BY LOCAL REG. Jan 25, 1952 | REGISTRAR'S SIGNATURE Edgar Pitt | 24. FUNERAL DIRECTOR Gladhill Co. | ADDRESS Middletown, Md.

RECEIVED
JAN 29 1952
BUREAU V. S.

00565

~~00559~~

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Point of Rocks
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Point of Rocks
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) THOMAS (Last) WRIGHT
4. DATE OF DEATH (Month) JAN (Day) 31 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) Married
8. DATE OF BIRTH Dec. 25, 1875
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad
10b. KIND OF BUSINESS OR INDUSTRY Carpenter
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Thomas Wright
14. MOTHER'S MAIDEN NAME Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. John T. Wright

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma (Type + location deferred)	2 yrs.
199.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastatic carcinoma of neck	
	(c) location + type of original lesion is unknown	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to 31 Jan, 1952, that I last saw the deceased alive on 30 Jan, 1952, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE Charles H Conley Jr. (Degree or title) Md. ADDRESS Frederick Md. DATE SIGNED 1/31/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE THEREOF 2/2/52
NAME OF CEMETERY OR CREMATORY Union
LOCATION (City, town, or county) Leesburg (State) Va

DATE REC'D BY LOCAL REG. 31 January 1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M.R. Etchinson & Son ADDRESS Frederick, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 5
BUREAU V. S.